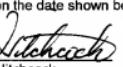
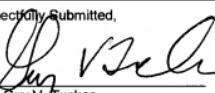


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Tarara et al.	Group No: 1618
Application No: 10/750,934	Examiner: Schlientz, Leah H
Confirmation No: 1899	Attorney Docket No: 53279-US-CNT (NV.0101.00)
Filed: December 31, 2003	
Title: PHARMACEUTICAL FORMULATION WITH AN INSOLUBLE ACTIVE AGENT	May 3, 2010 San Francisco, California 94107

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136			
Via EFS <input checked="" type="checkbox"/> Reply Brief <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> Drawings (Formal) <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
Total \$0.00			
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	29	102	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	7	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
						Total \$0.00

Fee Payment		Fee Deficiency
Extension Fees	\$0.00	<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> and/or
Notice of Appeal	\$0.00	<input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .
Total	\$0.00	
<input type="checkbox"/> Attached is check no. _____ in the sum of \$ 0.00. <input type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$ 0.00.		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: NOVARTIS AG Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office at (571)273-6300, or electronically submitted via EFS on the date shown below.		
 By: <u>Melanie Hitchcock</u> Melanie Hitchcock		Date: <u>May 3, 2010</u>  By: <u>Guy V. Tucker</u> Guy V. Tucker Registration No. 45,302
Date: <u>May 3, 2010</u>		